Fill in this information to ide	ntify the case:		
United States Bankruptcy Cour	t for the:		
EASTERN Distr	ict of NEW YORK		
	(State) Chapter _ "/"		
			☐ Check if this is a
			amended filing
Official Form 205			
nvoluntary Pe	etition Against a Non-Ind	lividual	2/15
case against an individual, us	ptcy case against a non-individual you allege to be a de e the <i>Involuntary Petition Against an Individual</i> (Official ny additional sheets to this form. On the top of any addi	Form 105). Be as complete and ad	ccurate as possible: [[]
art 1: Identify the Chapte	er of the Bankruptcy Code Under Which Petition	ls Filed	D PRESE
			(5)
Chapter of the	Check one:		2. 47
Bankruptcy Code	☐ Chapter 7		ニュ
	☑ Chapter 11		
art 2: Identify the Debto	r		···
Debtor's name	MASTER HOLDINGS IN	vc.	
			· · · · · · · · · · · · · · · · · · ·
Other names you know			
the debtor has used in			
the last 8 years			
Include any assumed names, trade names, or			
doing business as names.			
Debtor's federal Employer Identification Number (EIN)	☑ Unknown		
, ,	EIN	•	
	Principal place of business	Mailing address, if different	
Debtor's address			
	57 CUTTER Mill KOAD		
	Number Street	Number Street	
	GREAT NECK NY 11021		
	7064	P.O. Box	
	Ceucens and	C'	-
	City State ZIP Code	City	State ZIP Code
1	WASSAU	Location of principal assets, principal place of business	if different from
•	County	Number Street	

City

ZIP Code

State

Case 8-18-77833-ast Doc 1 Filed 11/20/18 Entered 11/20/18 15:12:14

Case number (# known)

MASTER HOLDINGS INC.

6. Debtor's website (URL) Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Type of debtor Partnership (excluding LLP) Other type of debtor. Specify: 8. Type of debtor's Check one: business Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☑ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the types of business listed. Unknown type of business. 9. To the best of your ☑ No knowledge, are any Yes. Debtor Relationship bankruptcy cases pending by or against Date filed District Case number, if known any partner or affiliate MM / DD / YYYY of this debtor? Debtor Relationship Date filed District Case number, if known_ MM / DD / YYYY Part 3: Report About the Case 10. Venue Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. 11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. 12. Has there been a transfer of any claim Attach all documents that evidence the transfer and any statements required under Bankruptcy against the debtor by or to any petitioner? Rule 1003(a).

Debtor

Case 8-18-77833-ast Doc 1 Filed 11/20/18 Entered 11/20/18 15:12:14

Master Holdings Inc

Debtor

Case number (if known)	 	

Name			
13. Each petitioner's claim Name of petitioner		Nature of petitioner's claim	Amount of the claim above the value of any lien.
guru - persaud:h	ariprasad		612.872.98
			\$
		Total of petitioners' clair	ms \$ 612 872.98
If more space is needed to list petitioners, attach additional the top of each sheet. Following the format of this form, set additional petitioning creditor, the petitioner's claim, the petitioner under penalty of perjury set out in Part 4 of the formation with the signature of the petitioner's attorney.	out the information i	required in Parts 3 and 4 of thickers, and the petitioner's attor	he form for each rney. Include the
Part 4: Request for Relief			· · · · · · · · · · · · · · · · · · ·
WARNING Bankruptcy fraud is a serious crime. Making a fals \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C.			n result in fines up to
Petitioners request that an order for relief be entered against the petitioning creditor is a corporation, attach the corporate owners foreign representative appointed in a foreign proceeding, attach	nip statement required	by Bankruptcy Rule 1010(b). I	If any petitioner is a
I have examined the information in this document and have a rea	asonable belief that th	e information is true and correc	4.
Petitioners or Petitioners' Representative	Attorne		
Name and mailing address of petitioner			
•			
GNRAPERSAND HARIPRASAD Name 90.60 180+L Street	Printed na	ате	
Number Street	Firm nam	e, if any	
City State ZIP Code	2 Number	Street	
Name and mailing address of petitioner's representative, if a	any City	·	State ZIP Code
Name	Contact p	phone Ema	ail
Number Street	Bar numb	per	
	State		
City State ZIP Code	manual Distriction		
I declare under penalty of perjury that the foregoing is true and o	a a a a a a a a a a a a a a a a a a a		
Executed on // /30/30/8 MM / DD / YYYY	Signature	of attorney	· · · · · · · · · · · · · · · · · · ·
Signature of petition of general many of without acco	11	. J. Jacon 103	•
Signature of petition of a series on the holding of the state of New York	Date sign	ed MM / DD / YYYY	/ P 400 (MINISTER VIOLENCE AND CONTRACTOR OF TRANSPORT ASSESSMENT

No. 01NU6064272

Official Form 205 Qualified in Queens Countyhvoluntary Petition Against a Non-Individual Commission Expires Sept. 24, 2021

Name		THE RESERVE OF THE PERSON OF T
TO A CONTROL OF THE PARTY OF TH	THE REPORT OF THE PROPERTY OF	
RACE FUL, LLC	· t	
ame and mailing address of petitioner	· ·	
GRACE FUL LLC BY		<u> </u>
me	Printed name	
d		
88-10 178 TST, APT 1G.	Firm name, if any	
	1	
JAMAICA NY 11932 State 719 Code	Number Street	······································
ty State ZIP Code	Addition officer	
3	City State	ZIP Code
ame and mailing address of petitioner's representative, if any	City	2 0000
ame and maining address of positions. Cropsessing	Contact phone Email_	
	in the second se	
ame	Bar number	
	A Bai Humber	
umber Street		
	State	
State ZIP Code		
ny -	1	
declare under penalty of perjury that the foregoing is true and correct.		
	x	
xecuted on // /30/30/8 MM / DD / YYYY	Signature of attorney	
MM 700/ffff	Signature of attorney	
	Date signed MM / DD / YYYY	-va_census/dasheship trungstaskereshirorior -ev - no-chilg itemo-
Gum- persand: hampswood/without remove) Signature of petitioner or representative, including representative's title owner BUK HOVA ORPHANAGE	MM / DD / YYYY	net armountationals transportation and step - step - file in the step re-
BUK HOVA ORPHANAGE Name and mailing address of petitioner RENOCARLE	SOUTH AND THE STREET AND THE AREA TO A STREET AND THE STREET AND T	nes pressuntationale supressummer en autorio - eu a "l'ara se supressa de l'ara en l'ara en l'ara en l'ara en I
BUK HOVA ORPHANAGE Name and mailing address of petitioner RENOCARLE	SOUTH AND THE STREET AND THE AREA TO A STREET AND THE STREET AND T	ng armawitasingala panganagana at siyo - at a - ng an ke namo I
BUK HOVA ORPHANAGE Name and mailing address of petitioner REVOCARIE OBUK HOVA OKYHPWAGE INTER-VIVOS TRU	SOUTH AND THE STREET AND THE AREA TO A STREET AND THE STREET AND T	na acassadasinada turtamanine au oper - un - muna se tambu
BUK HOVA ORPHANAGE Name and mailing address of petitioner REVOLABLE OBUK HOVA ORPHANAGE INTER-VIVOS TRU Name	Printed name	van pressuoritaativanista trusvestatateeritta värosten – sav. "Lu-vin 140 Februari. I
BUK HOVA ORPHANAGE Name and mailing address of petitioner REVOLABLE OBUK HOVA: ORPHANAGE INTER-VIVOS TRU Name P. O. BOX 335-16	SOUTH AND THE STREET AND THE AREA TO A STREET AND THE STREET AND T	nnt annaudtathnaidt triumannigene Abster – Nor- To- eil de Reimer I
BUK HOVA ORPHANAGE Name and mailing address of petitioner SH OBUK HOVA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335-16 Number Street	Printed name	van aemasarkaalistakki trainessissäänen Austrio – essi – filonio tai taiteen ja I
SUK HOVA ORPHANAGE Name and mailing address of petitioner REVOLARIE OBUKHOVA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335-16 Number Street TAMAICA NY 11432	Printed name	was premioral and the first transfer from the section of the first from the first
SUK HOVA ORPHANAGE Name and mailing address of petitioner REVOLARIE OBUKHOVA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335-16 Number Street TAMAICA NY 11432	Printed name Firm name, if any	na pressurfacionale su processor escuente de vivo e escentra de Parente.
BUK HOVA ORPHANAGE Name and mailing address of petitioner PANAGE Name P. D. BOX 335-16 Number Street THMRICP State State ZIP Code	Printed name Firm name, if any Number Street	ate ZIP Code
BUK HOVA ORPHANAGE Name and mailing address of petitioner SH OBUK HODA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335 16 Number Street TAMPICP State ZIP Code	Printed name Firm name, if any Number Street City Sta	
BUK HOVA ORPHANAGE Name and mailing address of petitioner SH OBUK HODA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335 16 Number Street TAMPICP State ZIP Code	Printed name Firm name, if any Number Street	
Name and mailing address of petitioner REVOCARIE Name P. D. BOX 335 16 Number Street THIMPICH City State Textory State Tip Code Name and mailing address of petitioner's representative, if any	Printed name Firm name, if any Number Street City Sta	
BUK HOVA ORPHANAGE Name and mailing address of petitioner PANAGE Name P. D. BOX 335-16 Number Street THMRICP State State ZIP Code	Printed name Firm name, if any Number Street City Sta	
BUK HOVA ORPHANAGE Name and mailing address of petitioner REMOCARIE OBUK HODA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335 16 Number Street THMPICP Name State ZIP Code Name and mailing address of petitioner's representative, if any Name	Printed name Firm name, if any Number Street City State Contact phone Email	
Name and mailing address of petitioner REVOCARIE Name P. D. BOX 335 16 Number Street THIMPICH City State Textory State Tip Code Name and mailing address of petitioner's representative, if any	Printed name Firm name, if any Number Street City State Contact phone Email	
Name and mailing address of petitioner REVOLARIE DEUK HOVA OKPHANTAGE INTEL-VIVOS TRU Name P. D. BOX 335 16 Number Street THIMPICA Name City State ZIP Code Name Number Street	Printed name Firm name, if any Number Street City Street Contact phone Email	
BUK HOVA ORPHANAGE Name and mailing address of petitioner REMOCARIE OBUK HODA: ORPHANAGE INTER-VIVOS TRU Name P. D. BOX 335 16 Number Street THMPICP Name State ZIP Code Name and mailing address of petitioner's representative, if any Name	Printed name Firm name, if any Number Street City Street Contact phone Email	
Name and mailing address of petitioner REVOCABLE OBUKHOVA: OPPHHAMAGE INTEL-VIVOS TRU Name P. D. BOX 335 16 Number Street THMPICP State ZIP Code Name and mailing address of petitioner's representative, if any Name Number Street	Printed name Firm name, if any Number Street City Street Contact phone Email Bar number State	
BUK HOVA ORPHANAGE Name and mailing address of petitioner REMOCARIE DENTER-VIVOS TRU Name P. D. BOX 335 16 Number Street JAMAICA DY 11432 City State ZIP Code Name Number Street	Printed name Firm name, if any Number Street City Str. Contact phone Email Bar number State	
Name and mailing address of petitioner REVOCARIE OBJUKTHONA ORTHONAGE INTER-VIVOS TRU Name P. D. BOX 335 16 Number Street THING State Name and mailing address of petitioner's representative, if any Name Number Street City State ZIP Code I declare under penalty of perjury that the foregoing is true and correct	Printed name Firm name, if any Number Street City Street Contact phone Email Bar number State	
Name and mailing address of petitioner REVOCABLE OBUKHOVA: OPPHHAMAGE INTEL-VIVOS TRU Name P. D. BOX 335 16 Number Street THMPICP State ZIP Code Name and mailing address of petitioner's representative, if any Name Number Street	Printed name Firm name, if any Number Street City Str. Contact phone Email Bar number State	
Name and mailing address of petitioner REVOCABLE Objukthors Orthworked Installing Name P. Box 335 16 Number Street Thinking Installing Address of petitioner's representative, if any Name Number Street City State ZIP Code I declare under penalty of perjury that the foregoing is true and correct Executed on 11/25/28/8 MM / DD/YYYY	Printed name Firm name, if any Number Street City Street Contact phone Email Bar number State	
Name and mailing address of petitioner REVOCARIE DEVICE HODA: CHETHANTAGE INTER-VIVOS TRU Name P.D. BOX 335 16 Number Street TAMATICA State ZIP Code Name Number Street City State ZIP Code I declare under penalty of perjury that the foregoing is true and correct	Printed name Firm name, if any Number Street City Street Contact phone Email Bar number State	

EASTERN DISTRIC	T OF NEW YORK
Guru P. Hariora Oppa Graceful CCC Olaja ObuKhova Onp	Case No. Chancege Levocabole Inter-VIVOS TRUST Chapter 11
	Diwas Incx
	AFFIRMATION OF FILER(S)
All individuals filing a information:	a bankruptcy petition on behalf of a pro se debtor(s), must provide the following
Name of Filer:	Guru. P HANGBARASAD
Address:	9060 180 ST, JAMAICA, NY 11932
Email Address:	gh 276 @ Nyy. edu.
	(347) 608-6460
Name of Debtor(s)	MASTER HOLDINGS INC
Ø	Eto Hills Hotombas Lac. CH.
	PRIATE RESPONSES:
	VIDED TO DEBTOR(S):
I PREPARED THE FOLLOW	THE PETITION AND/OR ASSISTED WITH THE PAPERWORK BY DOING WING:
I DID NOT PI	ROVIDE THE PAPERWORK OR ASSIST WITH COMPLETING THE FORMS.
FEE RECEIVED:	
<u>✓</u> I WAS NOT F	AID.
I WAS PAID.	
	Amount Paid: \$
I/We hereby affirm th	e information above under the penalty of perjury.
Dated: "/So/so/	gum-pessand & Man psacod (Without Pecauser) Filer's Signature